AZ HIPAA Medicaid Consortium

Aug 27, 2003
2:00 PM to 4:00 PM
AHCCCS 701 E. Jefferson St. – 3rd Floor - Gold Room

Meeting Hosted By: Lori Petre, AHCCCS

Attendees:

ADHS	**APIPA**	**HCA**
Thomas Browning	*Chuck Reveneu*	*Paul Benson*
AHCCCS	*Lucy Markov*	*Ethan Schweppe*
Patti Goodwin	**BHS**	**HCSD**
Michelle Dillon	*CJ Major*	**No Rep Signed in.**
Lydia Ruiz	**Care 1st Arizona**	**I.H.S.**
Kyra Westlake	*Bill Hobbs*	**No Rep Signed in.**
Bruce Jameson	**CHS**	**MCP & Schaller Anderson**
MaryKay McDaniel	*Susan Speicher*	*Cathy Jackson-Smith*
Linda Stubblefield	*Anna Holland*	*Anne Romer*
Tom Forbes	**CRS**	*Joginder Singh*
Brent Ratterree	**No Rep signed in**	*Art Schenkman*
Peggy Brown	**CIGNA**	**Maricopa Health Plan**
Ester Hunt	**No Rep signed in**	**No Rep Signed in.**
Deborah Burrell	**DES/DDD**	**Pinal LTC**
Nancy Mischung	*Nicole Yarborough*	**No Rep Signed in.**
Frank Straka	*Stan Hime*	**PHP**
Dennis Koch	*Major Williams*	*JoAnn Ward*
Sandy Biggs	**Evercare Select**	**PHS**
Mariaelena Ugarte	*Vicki Johnson*	*Mark Hart*
John Nystedt	*Bill Klassy*	**UFC**
AmeriChoice		*Kathy Oestreich*
No Rep Signed in.		*John Valentino*
		UHG
		Jim Drab
		RamKumar Manakal
		Verizon
		Marsha Solomon
		Yavapai County
		David Soderberg

1. Project Schedule Update (Lori Petre)

Milestones reviewed, no questions or comments.

2. Implementation Planning Update (Jim McManus)

Overall - What was discussed last meeting has not changed. The go-live activities for the beginning of October continue. Encounters to be implemented in January.
Testing is ongoing and completes end of this month for our trading partners for the 820/834.
Companion guides to be completed the beginning of October for the 820/834.
The Companion guides that are in draft for the 837 and 835 claims, targeted for finalization beginning of October.
The testing for claims is ongoing.

The major item on the Implementation plan as discussed in the last meeting, is Encounters, with target of last date of old format of 01/10/04, first new day in 837 format 01/12/04, and last adjudicated encounter in the old format 01/20/04, and the first adjudicated in the U277 02/17/04.

834/820 (Nancy Mischung):
Concerns were expressed at the last meeting regarding the last daily of September being in the 834 format.
AHCCCS has a business reason for needing to go to the 834 with the last daily for September. However, we can support requests to make the last daily in proprietary format. This will require you to use this proprietary file through the month-end process. The next available date for receiving the 834 would be October 1st for the files picked up the morning of October 2nd.

This is an Implementation option and not a Contingency plan. **We are asking for an email by 09/12 of which implementation you elect, either continue proprietary for September month-end or implement the 834/820 for September month-end.**

834 Clarification to dates was handed out.
Due to Open Enrollment we will be processing a greater volume of transactions.
Due to the volume and QC points through out the process we are starting month end a day earlier than normal.
The morning of 9/27 is the last eligibility roster in the old format, dated 09/26/03.
We then move into month-end, which includes the last daily of the month, which will be available 09/28/03 with a date of 09/27/03. This will be the file you receive under what option you elect.

The monthly recon will be available 09/30/03. It is dated for 10/01.
The Milestone document includes a note that 9/28, 9/29, 9/30, will come cumulatively on 10/1.
The first October daily will be available on 10/2 with a 10/1 date.
Q: Taking the other implementation option, then the file dated 10/1 has those 3 days?
A: If you went with the proprietary option, and by 10/01 notified us that you wanted the 834, then when we run the night of 10/1 and the file you pick up on 10/2 you will contain the 3 days in the 834 format.

820 (Frank Straka):
The implementation date for the 820 will be 10/8.

Reference the distributed memo for details regarding which individual dates correspond to the pay date and production of the 820.

Other Questions:
Q: If we are unable to send the 997 right away will it affect anything?
A: No.

Q: What is the relationship of the 820 to our decision on the proprietary vs. 834 format?
A: Wednesday 9/24, financial data will be on the roster, same 9/25, 9/26.
Saturday 9/27 if you chose proprietary format for month end then you would receive financial data on the roster for the 9/27 last daily and the 10/01 monthly.
If you chose the 834 format for Saturday 9/27 and the monthly, then you will not get financial data on the 834 daily, you will need to wait until the 820.
The 10/01 daily cycle, the first daily cycle you will begin with the 834 and financial data will disappear.
Any activity that has been processed for 9/28, 9/29, and 9/30 will be included on the 10/01 daily file.

Note: If you are taking the 834 and 820 right away, do not take your financial information off the rosters, since you will have it in two places.

On a normal weekly cycle you will receive Wednesday thru Tuesday, the first two times listed are dated differently because of the month-ends.

Co-pay (Kelly Gerard):
Copay handout:
With the implementation of our copay project that happens to coincide with HIPAA,
we are incorporating copay data into the proprietary format and the 834.
The first page of the handout deals with the 834.
We are planning to use the AMT0102 fields in the 2100A loop to provide copay data.
We will have four occurrences of the AMT0102, we will provide the fields in the same order consistently.
1st = Copay for generic prescription
2nd = Copay for name brand prescription
3rd = Copay for non Emergency use of ER
4th = Copay for office visit.

We are not able to tell you easily if a copay is optional (non-mandatory) or mandatory on an 834, however, we have a rule that if the first occurrence of the copay is $0 it is not mandatory. If it is greater than $0 it is a mandatory copay group.

A copay group is either entirely mandatory or entirely optional (non-mandatory).

Q: Will we see these even if a member has no co pays?
A: Yes

The second page shows some examples:
The first example is someone newly enrolled into AHCCCS; they are in an exempt group and are not receiving copay dollars for those four occurrence with 0 in all four fields.
The second example is a newly enrolled member, who is in an optional group, with the first occurrence of 0, the second occurrence 0, third $5 copay, and fourth a $1 copay for doctor visit which is not mandatory because the generic is 0.

We have two groups set up as optional with two different copay amounts on these services. More may be added later on.

Q: Can we tie these back to rate codes?
A: No

Q: Will the copay changes be part of the last daily 9/27?
A: Yes

Q: Are these dollar amounts the actual set amounts?
A: These are set and will not change for 10/1.

The fourth example in the packet is a mandatory group.

Once we get someone into AHCCCS it will create a copay record today, that copay information will appear on your enrollment transaction.
On our last daily process we may need to change that person's copay to either mandatory or not.
If we have to change a copay we will produce a record to go out on that last 834.

We are looking at using the Maintenance Reason code.

For the last daily in September effective 10/1, you will receive co pays for our entire population, not just the new adds.
Q: Even if they do not have a copay?
A: Yes, they will have 0's.

We will have files that have copay for testing by Tuesday or Wednesday. They will be fairly small, but every health plan will get one.

Q: Can you help by providing some kind of sheet notifying whether this is mandatory or not? We cannot flag this in our system.
A: The two-page matrix provided at the CFO meeting will be distributed.

Action Item: We will include the materials that were presented to the CFOs on the Web site. This material breaks it down by population, not key code or rate code. There are many exemptions. We can tell you the population.

Every AHCCCS member will be on the last daily.
Co pays will be on your proprietary format for the last daily.

You will be notified of the last daily if the members copay changes, co pays are prospective.

Q If my copay changes on any 834 going forward what is my maintenance code going to be.
A: 33

Q: If at the end of the month, I get a copay and a week later she is pregnant, then will we receive a change of copay?
A: No, not until the end of month.
You will not see the $0 until you see the change at the end of the month.

Q: Are co pays part of benefits?
Q: How about info on copay for encounters?
A: That will be addressed in January.

Q: Has the law changed whether to allow providers to bill recipients? The providers will want to collect from the recipient a copay that was not collected.
A: This was discussed at the CFO meeting, but we are not aware of the decision made.

Page 3 of handout reviews the copay on the proprietary roster, it is the same information, we have put copay data in filler fields,;, the copay fields are separated, two together and two at the end.
The same rule applies; if the copay generic is $0 this is an optional (non-mandatory) group.
The daily roster will have an action type of A for an enrollment f add.
It will contain all four copay data fields when the enrollment end date is greater than today.
We will not populate this data for a PPC segment.

The last daily will contain your changes for the first of the next month.
We have a new copay action reason, action type C, action code CP, it may appear by itself if that is the only change or grouped with other changes if others exist.

The daily roster we are able to insert the copay data at the end using part of the filler.
The monthly we did not have enough room and had to separate them starting at 359 and then 2 at 548, we had to separate them and group them; these fields are fillers for you.

Attached is the daily and monthly roster layout.

Q: On the copay field you have notation over the remarks?
A: If it is a PPC segment we will fill those fields with spaces.

Q: What will the values be?
A: If you receive a daily on the 25th, then the monthly will have the same values.

3. Invoking Contingencies (Lori Petre)

Short Term Delay:
This is the option to either take the 834 format or the proprietary. We need to hear from you by the 12th.

Formal Contingencies:
Formal contingencies are those situations that will delay you for more than 30 days. We need to know if this is your case. We will need an email what you will not be able to be ready for and what your target date is and what will be done to get you there.
This email is also needed by close of business September 12, 2003.

4. Follow-up Items (Lori Petre)

Local codes (Brent Ratterree):
There is a split for provider type on air ground transportation in process. We will let you know what it is.

Recommendation that the behavioral and long term care personal assistance rate remains the same.

The remaining transportation issue is Mileage.
Not formalized by management yet.

There is a question about long term care nursing facility codes, once clarified we will provide information. These are currently state specific codes.

The UB02 will go to 4 character revenue codes.

Email was sent the 15th that the Reference/Provider test files were available with the new fields.

Acknowledgements (Dennis Koch):
We've decided for outgoing acknowledgements to only create a 997 file for a good file, if errors are found we will return an 824.

The health plans may send a 997, an 824, and/or a TA1 as applicable.

Enveloping issues on incoming files with the control number at the ISA for GS level, we will send a TA1.

We will send you an 834 or 820 and the health plan sends an 824, a 997, etc.…

Acknowledgements related to Encounter files will be discussed again in a future meeting.

Q: Do you have a preference of 997 vs. 824?
A: No.

If you have a problem with your 834 then you will be on the phone with the helpdesk, and our programmers will be on it right away. You do not need to wait for the acknowledgement.

If a file is not compliant AHCCCS will not send it out. We are validating through Mercator.

Q: What did we resolve on the 997 GS08?
Our stance is … you want the 997 version as the response.
A: I read that the date is 4010, then the actual.
GS08 for a 997 is 4010.
The actual version that you are responding to is at the end of the segment.
Action Item: We will review the 997 version.

Please email any remaining issues.

For the front end, presyntax editing if going away, Mercator will do the syntactical editing. Level 1 and 2 and may go above that.

TA1 is sent back if you get a duplicate control number.

The pend correction process has not changed.

The 997 file indicates the file was received and passed through Mercator.
The 824 file states there is an error, but not where the error is.
It will give a segment number of what loop is invalid.

We have encouraged providers to start with small files and gradually increase.

Action Item: We will compile the issues re: Acknowledgements. Dennis will receive one ticket and we will send one write up.

Data Certification (Brent Ratterree):
Nothing new to report. When we start it will be a manual process. Right now when you send data to us there is a routine that loads it through syntax, then we have to pause to match the file, if matches it will continue, if not then you will receive a call.

Q: Does going through a VPN concentrator, qualify for certification?
A: It is looking for responsible data so that no one is intentionally sending bad data.

The manual process is being nailed down. The automated process is still being defined.

We have conferred with Legal and requested a definition of Electronic Signature.

We are looking at implementing the automated process with the 837 Encounters in January.

5. Testing Status (Lori Petre):

Finalizing 834/820 Testing – Certification:

Business to Business testing ends August 31st , this does not mean that any of the files that we have run up to this point go away, they will continue to be out there and available to the plans. We will no longer be running daily parallel files.
Starting next week (September 1st) we want to do some scenario based testing. We also want to test out contingencies.

September Testing:
PIMA sent us a list of things they would like to see tested. No one else responded.
If you do not ask for anything then you will not receive anything, other than co-pay tests.
AHCCCS staff are looking at things that they would like to see come across.

Q: BHS will like a whole file?
A: Action Item: Lori will follow up on the 820 for BHS.

Q: We have concerns on the proprietary file we get now and the changes with the 834 were fields are missing.
A: The ticket received did not have the file attached.
A: This will be sent to the help desk with the file attached.

Note: AHCCCS needs to freeze the system on the 19th. To turn over to Release Management for promotes.

At some point when each of you is comfortable that you have tested sufficiently please send an email so we can document it as completed.

Issue (Tom Forbes):
Some files had the same roster information for 3 days, 22nd and 23rd files. They are no good for all the health plans.
They have been refreshed and resent to everyone's folders.
If you look at today's file in test then you will be able to see the same info in production.

6. Encounters Design Discussion and Examples (Mary Kay McDaniel/ Brent Ratterree)

Review 837:
All the materials from the previous meetings are available on the Web site by date along with the minutes.

The design issues are all complete there are only a few Mapping issues remaining to discuss.

A helpful handout "New Data Fields needed for 837P Encounters":
For example, this document is draft only, but it is a heads up of additional fields that will be captured for Encounters.
These do not exist in the AHCCCS database today, or are not currently used.
Health Plan Allowed amount is a new field that will be collected. There is a lot of additional data being captured.

If you pay a claim for a provider and the provider capture the copay then the claim will come through with the copay in the CAS, if it is not there then the assumption is that you did not collect the copay.

Q: Do you have a reason code crosswalk for the CAS segment?
Action Item: We are still working at it.

If you produce a standard 837 transaction following the Implementation Guide, then you are 90% on your way of building an Encounter.

Any questionable scenarios need to be emailed to us, so we can include it in the scenario examples and testing.

When we map the incoming file, we are assuming it is done the way it lists it in the Implementation Guide and Companion Guide.

Q: The health plan workgroups spent weeks filing out crosswalks, are they not being used?
A: Yes, but they have not been maintained as we would like.

This is your roadmap. We should end up with the same result.

Alternative approaches handout (Mary Kay McDaniel):

How many encounters will be in a single ST SE? The IG recommends 5, 000 claim segments to one ST SE.
If you look at the 824, it has a limitation; the segment position of a transaction set only has 6.

The extreme option would be one encounter to one ST SE.

We want to have discussion about “What is reasonable?”

On the AHCCCS side there is no limit on how many per ST SE.

When you process your claims, send a file to us. It will not be an issue.
If you wait to the last day and send everything for the month, then it will become an issue. Some plans send 10- 20 files per week and this creates a smooth flow. If this is evened out through out the month it becomes much more manageable. Another advantage is that you know that it passes and will not miss a processing cycle.

Handouts remaining regarding 277U and NCPDP, please review and we will discuss at the next meeting.

September 17th is the next meeting.

Meeting adjourned.